

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/890002

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			7		
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
10		1				
11	1					
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24		1				
25	1					
26		7				
27		1				
28			1			
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43			1			
44			1			
45			1			
46		1				
47		1				
48		1				
49			1			
50			1			
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			1
52			1
53			1
54			1
55			1
56			1
57			1
58			1
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98			
99			
100			
TOTAL IND.		13	
TOTAL DEP.		19	
TOTAL CLAIMS		32	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831

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